

ISSUE SLIP STAPLE AREA (for additional cross references)

POSITION	INITIALS	ID NO.	DATE
FEE DETERMINATION			
O.P.E. CLASSIFIER		8	11-24-00
FORMALTY REVIEW	6~	619.14	01.01.01
RESPONSE FORMALTY REVIEW			

INDEX OF CLAIMS

✓ _____ Rejected
 o _____ Allowed
 - (Through summary) Canceled
 + _____ Restricted
 N _____ Non-elected
 I _____ Intervenor
 A _____ Appeal
 O _____ Objected

Claim	Date	Claim	Date	Claim	Date
1		1		1	
2		2		2	
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If more than 150 claims or 10 add. rs
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